

CONSENT FORM FOR ACCESSING STUDENT'S PUBLIC BENEFITS (HUSKY) FOR
HEALTH-RELATED SERVICES IN STUDENT'S IEP/504 PLAN

Student Name:

Student Date of Birth:

Milford Public Schools participates in the Connecticut Medicaid School-Based Child Health Program (SBCH). The SBCH program allows school districts to receive state and federal funding for services that are provided to eligible students who receive special education related health services listed in their IEP or 504 plan and qualify for Medicaid (HUSKY) benefits.

This one-time consent form allows the school district to seek reimbursement from the state for eligible students who have a covered health-related service as part of the student's IEP or 504 plan.

- Examples of these services are: Occupational Therapy, Physical Therapy, Speech-Language, Hearing services, Psychological Services, Social Work, Nursing, and Individual Assessments/Evaluations as recommended by the Planning and Placement Team.
- If your child receives any of the above services and qualifies for Medicaid (HUSKY) benefits at any time during the school year, **we request your permission to release information to access school-based Medicaid (HUSKY) reimbursement for the school district.**
- Information to the state Medicaid agency may include student's name, date of birth, Medicaid ID, as well as dates and services provided.
- Any reimbursement received from the Medicaid program does not affect or impact other benefits to which my child is entitled, including any eligible services outside of school, other state programs and/or Medicaid waivers. **There is NO cost to the family, now or in the future.** Under Federal Regulation and Connecticut General Statute, CTDSS is payer of last resort if a client has Third Party Liability resources, like commercial health insurance, which will pay for all or part of a client's health care covered under Connecticut's Medicaid Plan. CTDSS is required to recover Medicaid costs from client health insurance. Therefore, the Department of Social Services (the State Medicaid Agency) may randomly, submit claims paid through the Medicaid SBCH program to any supplemental insurance on file using their contractor HMS for your student. Please note that if the supplemental insurance denies these claims, there is no cost to the family as a result of the claim denial.
- The school district will provide all services to your child whether or not you provide written consent. Consent is voluntary and you have the right to withdraw this consent at any time.

I GIVE MY CONSENT to allow the school district to access and seek reimbursement for SBCH eligible services prescribed in my student's IEP/504 plan.

I DO NOT give my permission to allow the school district to access and seek reimbursement for SBCH eligible services prescribed in my student's IEP/504 plan.

Signature

Date Signed